DON STUDENT LOAN REPAYMENT PROGRAM APPLICATION

FOR OFFICIAL USE ONLY
(When filled in)

SECTION 1: (To be completed by Applicant)

a). Employee Name (First MI. Last)	b). Position Title, Grade	c). For multiple loans: Loan ___ of ___
d). Social Security Number	e). Telephone ___ ext.	f). AGENCY
g). Unpaid Balance Of Loan(s) (Approx.)	h). Amount Requested To Be Repaid By Agency	i). Loan Account Number

j). Name of Loanholder (Lender)	k). Address
l). Telephone ___ ext.	

I authorize the release of my financial data by lender/holder to complete the entries in SECTION 2. (A copy of this form should be deemed as the original for authorization purposes.)	m). Signature	Date *(DDMMMYY)*

SECTION 2: LOAN STATUS CONFIRMATION

Loan holder: Please verify the information below and provide correct information, where missing.
    Please return form to:

1). Status:	2). Type of Loan	3). Outstanding Balance	4). Data Shows Consolidation (when multiple loans are involved)
☐ In Default	☐ HEA of 1965		
☐ Payments Being Made	☐ Public Health Services Act		☐ Yes ☐ No
☐ Deferred			Date *(DDMMMYY)*

INSTITUTION WHERE PAYMENT IS TO BE SENT

5). Name	6). Address
7). Telephone ___ ext.	
8). Routing Number	9). Account Number

10). Additional Information

CERTIFICATION: As an official of the holding institution, I verify that the information in SECTION 2 is correct and current. Copy of the promissory note(s) is/are enclosed.

11). Name and Title	12). Signature and Date *(DDMMMYY)*

SECTION 3: To be completed by Human Resources Office – O.K. for Processing

Effective Date	Annual Amount	Number of Years	Total Repayment Amount

Personnel Officer or Designee	Date *(DDMMMYY)*	Signature